



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY CADET COMMAND  
FORT MONROE, VIRGINIA 23651-5000

REPLY TO  
ATTENTION OF

ATCC-OI

AUG 16 2004

MEMORANDUM FOR

Region, Brigade and Battalion Commanders, U.S. Army Cadet Command  
Directors and Special Staff, Headquarters, U.S. Army Cadet  
Command

SUBJECT: Memorandum of Instruction - Nurse Incentive Program

1. General. The Commanding General, U.S. Army Cadet Command (USACC), has approved the establishment of the test Nurse Incentive Program, effective 1 August 2004. This initiative is designed to provide incentives to recruit, retain and access quality nurse candidates into the Active Component of the Army Nurse Corps. These instructions are effective upon receipt.
2. Purpose. The focus of this program is to increase nurse production. To accomplish this, varying levels of monetary incentives will be provided to encourage nurses to remain in ROTC.
3. Concept. The Nurse Incentive Program is a two-phased program that will utilize nurse candidates' cumulative grade point averages (CGPAs) to determine the level of monetary award.
  - a. Phase 1 of the program is upon entry into the upper division of the Nurse curriculum. The initial incentive will be available to individuals with specific CGPAs. Individuals with GRFD contract endorsements are not eligible for this incentive.
  - b. Phase 2 of the program is upon graduation and commissioning. The final incentive payment will be available to individuals with specific CGPAs upon successful completion of the National Council of State Board of Nursing Examination for Registered Nurses (NCLEX-RN). Individuals selected for Reserve Component duty are not eligible to receive this incentive. Phase II is available only for MS 06 and beyond commissionees.
  - c. Tables 1 and 2 below depict eligibility and level of incentive payments for each phase.

Phase 1 - Entry into Upper Division		
Cumulative GPA		Bonus allowed
Greater Than or equal to	Less than or equal to	
2.00	2.74	None
2.75	3.24	\$2500
3.25		\$5000

Table 1

Phase 2 - Commissioning and successful completion of NCLEX		
Cumulative GPA		Bonus Allowed
Greater Than or equal to	Less than or equal to	
2.00	2.49	None
2.50	2.99	\$3000
3.00	3.49	\$5000
3.5		\$7500

Table 2

#### 4. Responsibilities:

##### a. CG, USACC will:

(1) Establish and maintain Nurse Incentive Program policies and procedures.

(2) Establish control measures to ensure appropriate level of payment is provided.

b. During OIPs, Region commanders will inspect academic transcripts of Nurse Incentive Program recipients to validate proper payment.

c. Brigade commanders will inspect academic transcripts of Nurse Incentive Program recipients to validate proper payment.

##### d. PMSs will:

(1) Present this option to all eligible cadets and prospects.

(2) Publicize the Nurse Incentive Program.

(3) Screen applications to ensure eligibility.

(4) Submit applicants for Incentive Program IAW Enclosures 1 and 2.

Eligibility. Individuals must be contracted cadets pursuing an accredited nursing degree.

a. In order to receive the Phase 1 incentive, individuals must be academically and militarily aligned. Militarily aligned is defined as enrolled in Military Science III and enrolled in the upper division of the Nursing Program with no more than two years remaining to receive their degree. Individuals with GRFD contract endorsements are not eligible for this incentive.

b. In order to receive the Phase 2 incentive, individuals must graduate, commission and pass their NCLEX-RN on the first attempt, within 60 days of graduation (as referenced in their contract). Individuals are eligible for Phase 2 even if they did not receive the Phase 1 incentive at the beginning of their junior year. This rewards the academic success of attaining a higher CGPA in their senior year and passing the NCLEX-RN. Individuals selected for Reserve Component duty are not eligible to receive the incentive.

6. Administration:

a. Professors of Military Science (PMSs) must ensure that applicants qualify for the incentive before submitting requests. PMSs must submit a copy of the transcript, along with a memo (Annex A or B) to request incentive payment. Include transcripts from all colleges/universities the applicant has attended. If the cumulative GPA is not recorded by the university, it will be calculated in accordance with CC PAM 145-4 and annotated on the latest transcripts.

b. The following procedures will be followed:

(1) Upon approval from the Incentives Division, HQ USACC Pay Operations Division will review and maintain a copy of the substantiating documentation and certify the bonus for payment.

(2) Once the DFAS transactions are created by the HQ USACC Pay Operations Division, the bonus transactions will be included in the Pay Operations Division DFAS Interface file and uploaded on a daily basis to DFAS for payment.

(3) Once certified by the Pay Operations Division, these transactions will appear as processed transactions in the CCIMS DFAS Transactions History screen under the Pay Tab.

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(4) Incentive payments are taxable and will be reduced by current federal and applicable state taxes on file for each cadet. (POC for Pay Operations Division via e-mail is john.hepner@usacc.army.mil).

7. Corrections. Send corrections and suggested improvements to: atccps@usacc.army.mil

8. Supplementation of this MOI is not authorized.

FOR THE COMMANDER:

2 Encls  
as

  
RADAMES CORNIER, JR.  
Colonel, GS  
Chief of Staff

CF:  
CG, U.S. Army Cadet Command  
DCG, U.S. Army Cadet Command

# NURSE INCENTIVE PROGRAM REQUEST

## PHASE 1

(ROTC Cadet Command Reg 145-1)

### Data required by the Privacy Act of 1974

**Authority:** 10 USC 2102 and 2107.

**Principal Use(s):** For use by the cadet when initiating a request to participate in the Nurse Incentive Program - Phase 1.

**Routine Use(s):** To initiate a request for participation in the Nurse Incentive Program - Phase 1 by the cadet or Battalion Commander/PMS.

**Disclosure:** Voluntary. However, failure to provide necessary action will preclude consideration of the request.

1. FROM: (Include ZIP Code)

2. TO: (Include ZIP Code)

U.S. Army ROTC Cadet Command  
ATTN: ATCC-OP-I-I  
55 Patch Road, Building 56  
Fort Monroe, VA 23651-1052

3. POC FOR THIS ACTION (Name and Telephone):

### SECTION I - PERSONAL DATA

5. LAST NAME:

6. FIRST NAME:

7. MI:

8. SSN:

9. ROTC FICE (Six Digits):

10. ACADEMIC FICE (Six Digits):

11. ACADEMIC COLLEGE/UNIVERSITY:

12. CUMULATIVE GPA:

13. DATE ENTERED UPPER DIVISION (MM/DD/YY):

14. COMMISSIONING DATE (MM/DD/YY):

15. SCHOOL YEAR:

16. REMARKS (If needed):

### SECTION II - CERTIFICATION

PMS or authorized officer must sign certification statement. If someone other than PMS signs certification, the individual's name must be printed legibly next to signature with contact information.

I certify that the above individual is academically and militarily aligned, meets all enrollment eligibility requirements as defined in AR 145-1, Chapter 3 and Cadet Command enrollment policies, and has gained acceptance upon entry into the Nursing Upper Division Nursing Courses for the school year listed in item 15 above.

17. PMS/BATTALION COMMANDER (Typed Name and Signature):

18. DATE (MM/DD/YY):

## NURSE INCENTIVE PROGRAM REQUEST

### PHASE 2

(ROTC Cadet Command Reg 145-1)

#### Data required by the Privacy Act of 1974

**Authority:** 10 USC 2102 and 2107.

**Principal Use(s):** For use by the cadet when initiating a request to participate in the Nurse Incentive Program - Phase 2.

**Routine Use(s):** To initiate a request for participation in the Nurse Incentive Program - Phase 2 by the cadet or Battalion Commander/PMS.

**Disclosure:** Voluntary. However, failure to provide necessary action will preclude consideration of the request.

1. FROM: (Include ZIP Code)

2. TO: (Include ZIP Code)

U.S. Army ROTC Cadet Command  
ATTN: ATCC-OP-I-I  
55 Patch Road, Building 56  
Fort Monroe, VA 23651-1052

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### SECTION I - PERSONAL DATA

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6. FIRST NAME:

7. MI:

8. SSN:

9. ROTC FICE (Six Digits):

10. ACADEMIC FICE (Six Digits):

11. ACADEMIC COLLEGE/UNIVERSITY:

12. CUMULATIVE GPA:

13. DATE ENTERED UPPER DIVISION (MM/DD/YY):

14. DATE COMMISSIONED (MM/DD/YY):

15. SCHOOL YEAR:

16. DATE PASSED NCLEX-RN (MM/DD/YY):

17. REMARKS (If needed):

### SECTION II - CERTIFICATION

PMS or authorized officer must sign certification statement. If someone other than PMS signs certification, the individual's name must be printed legibly next to signature with contact information.

I certify that the above individual has commissioned and successfully passed the National Council of State Board of Nursing Examination for Registered Nurses (NCLEX-RN).

18. PMS/BATTALION COMMANDER (Typed Name and Signature):

19. DATE (MM/DD/YY):